

AO 240 (Rev. 9/96)

UNITED STATES DISTRICT COURT

District of

2005

Plaintiff

V.

Defendant

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

05-40146 RYZ

CASE NUMBER:

I, Robert M. McCaffery declare that I am the (check appropriate box)☒ petitioner/plaintiff/movant ☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Part 2)If "Yes," state the place of your incarceration FMC DEUENSAre you employed at the institution? No Do you receive any payment from the institution? No

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. 2000, March - take home approx \$400 wk - Hazelwood, Phila. Pa

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | | |
|---|---|--|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

AO 240 Reverse (Rev. 9/96)

Social Security Disability, should restart after my Release, approx \$18,500 Annual

4. ~~Do you have~~ any cash or checking or savings accounts? ☒ Yes ☐ No

If "Yes," state the total amount.

\$ 500. -

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? ☒ Yes ☐ No

If "Yes," describe the property and state its value.

1418 Bramble Lane
West Chester PA 19380

single family house.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

I live with my wife and two children, but I am more dependent on my wife than she to I. My daughter (16) does collect \$425 month in SS Disability.

I declare under penalty of perjury that the above information is true and correct.

Aug 30, 2005
Date

[Signature]
Signature of Applicant

NOTICE TO PRISONER: A Prisoner seeking to proceed IFP shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

Case No: 05-40146 RYZ

Aug 30, 2005

Sir,

Enclosed is my Application to Proceed without Prepayment. I have filled it out ~~but~~ do not wish it use.

I do, and can, pay for this. I however don't know the fee. If you were to be so kind as to let my case proceed, and in the mean time inform me of the fee. I will have my wife send you the money in whatever form you require.

Thank you,

Robert M Mc Caffery

57977-066

FMC DENVER

PO Box 879

Ayer MA 01432